

## PROJECT 10073 RECORD

1. DATE - TIME GROUP 18 Oct. 66 0700Z	2. LOCATION Rossburg, Ohio	two witnesses
3. SOURCE Civilian	10. CONCLUSION Insufficient data for evaluation ✓ <i>Z4C2</i> <i>JCH</i>	
4. NUMBER OF OBJECTS One		
5. LENGTH OF OBSERVATION 15 minutes	11. BRIEF SUMMARY AND ANALYSIS	
6. TYPE OF OBSERVATION Ground Visual	A bright blue object placed itself in front of the car at all times until the witnesses reached the farm where one of the observer's father lives. The object then hovered over the field just a few feet from the farm house.	
7. COURSE N/A	The witnesses could offer no directions as to what part of the sky the object was situated. The object just seemed to follow their car. They could not give any indication of what the heading was of the object when the object disappeared.	
8. PHOTOS <input type="checkbox"/> Yes XX No		
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes X No		

FORM  
FTD SEP 63 0-329 (TDF)

8. IF you saw the object at NIGHT, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight - pitch dark
- d. Don't remember

9. What were the weather conditions at the time you saw the object?

CLOUDS (Circle One):

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds

WEATHER (Circle One):

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

10. The object appeared: (Circle One):

- a. Solid
- b. Transparent
- c. Vapor
- d. As a light
- e. Don't remember

11. If it appeared as a light, was it brighter than the brightest stars? (Circle One):

- a. Brighter
- b. Dimmer
- c. About the same
- d. Don't know

11.1 Compare brightness to some common object:

an arch light

12. The edges of the object were:

- (Circle One):
- a. Fuzzy or blurred
  - b. Like a bright star
  - c. Sharply outlined
  - d. Don't remember

- e. Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

13. Did the object:

(Circle One for each question)

- a. Appear to stand still at any time?
- b. Suddenly speed up and rush away at any time?
- c. Break up into parts or explode?
- d. Give off smoke?
- e. Change brightness?
- f. Change shape?
- g. Flash or flicker?
- h. Disappear and reappear?

<input checked="" type="radio"/> Yes	No	Don't know
<input checked="" type="radio"/> Yes	No	Don't know
Yes	<input checked="" type="radio"/> No	Don't know
Yes	<input checked="" type="radio"/> No	Don't know
Yes	<input checked="" type="radio"/> No	Don't know
Yes	<input checked="" type="radio"/> No	Don't know
<input checked="" type="radio"/> Yes	No	Don't know

18 Oct 66

Rossburg, Ohio

## U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

15      10      66  
Day          Month          Year

2. Time of day: 2:00

Hour \_\_\_\_\_ Minutes \_\_\_\_\_

(Circle One): A.M. or P.M.

3. Time Zone:

(Circle One): a. Eastern  
b. Central  
c. Mountain  
d. Pacific  
e. Other \_\_\_\_\_

(Circle One): a. Daylight Saving  
b. Standard

4. Where were you when you saw the object?

Nearest Postal Address

Rossburg,

City or Town

Ohio - Parker

State or County

5. How long was object in sight? (Total Duration)

Hours 1 Minutes 5 Seconds 0

- a. Certain  
b. Fairly certain  
 c. Not very sure  
 d. Just a guess

5.1 How was time in sight determined? By speed and distance traveled

5.2 Was object in sight continuously?

Yes  No 

6. What was the condition of the sky?

- DAY  
 a. Bright  
 b. Cloudy

- NIGHT  
a. Bright  
 b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

- (Circle One): a. In front of you  
 b. In back of you  
 c. To your right  
 d. To your left  
 e. Overhead  
 f. Don't remember

20. Do you think you can estimate the speed of the object?

(Circle One) Yes  No

IF you answered YES, then what speed would you estimate? \_\_\_\_\_

21. Do you think you can estimate how far away from you the object was?

(Circle One) Yes  No

IF you answered YES, then how far away would you say it was? 250 ft.

22. Where were you located when you saw the object?

(Circle One):

- a. Inside a building
- b. In a car
- c. Outdoors
- d. In an airplane (type)
- e. At sea
- f. Other \_\_\_\_\_

23. Were you (Circle One)

- a. In the business section of a city?
- b. In the residential section of a city?
- c. In open countryside?
- d. Near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other \_\_\_\_\_

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

- |              |              |   |              |
|--------------|--------------|---|--------------|
| a. North     | c. East      | <input checked="" type="radio"/> e. South | g. West      |
| b. Northeast | d. Southeast | f. Southwest                              | h. Northwest |

24.2 How fast were you moving? 50 miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One) Yes  No

25. Did you observe the object through any of the following?

- |  |                                      |    |                |     |    |
|--|--------------------------------------|----|----------------|-----|----|
| a. Eyeglasses                                  | Yes                                  | No | e. Binoculars  | Yes | No |
| b. Sun glasses                                 | Yes                                  | No | f. Telescope   | Yes | No |
| <input checked="" type="radio"/> c. Windshield | <input checked="" type="radio"/> Yes | No | g. Theodolite  | Yes | No |
| d. Window glass                                | Yes                                  | No | h. Other _____ |     |    |

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw.

*a football - (orange)*

14. Did the object disappear while you were watching it? If so, how?

*Faded away*

*yes*

15. Did the object move behind something at any time, particularly a cloud?

(Circle One): Yes

No

Don't Know.

IF you answered YES, then tell what

it moved behind:

\_\_\_\_\_

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One): Yes

No

Don't Know.

IF you answered YES, then tell what

in front of:

\_\_\_\_\_

17. Tell in a few words the following things about the object:

a. Sound *no sound*

b. Color *bright blue*

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

*1/3 of the object would have been covered*

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails.

Place an arrow beside the drawing to show the direction the object was moving.



30. Have you ever seen this, or a similar object before. If so give date or dates and location.

No

31. Was anyone else with you at the time you saw the object? (Circle One)

Yes

No

31.1 IF you answered YES, did they see the object too? (Circle One)

Yes

No

31.2 Please list their names and addresses:

[REDACTED]

[REDACTED]

Greenville, O.

32. Please give the following information about yourself:

NAME

[REDACTED]

Last Name

First Name

Middle Name

ADDRESS

[REDACTED]

Street

[REDACTED]

City

Zone

State

TELEPHONE NUMBER

[REDACTED]

AGE

16

SEX

Female

Indicate any additional information about yourself, including any special experience, which might be pertinent.

33. When and to whom did you report that you had seen the object?

12

10

66

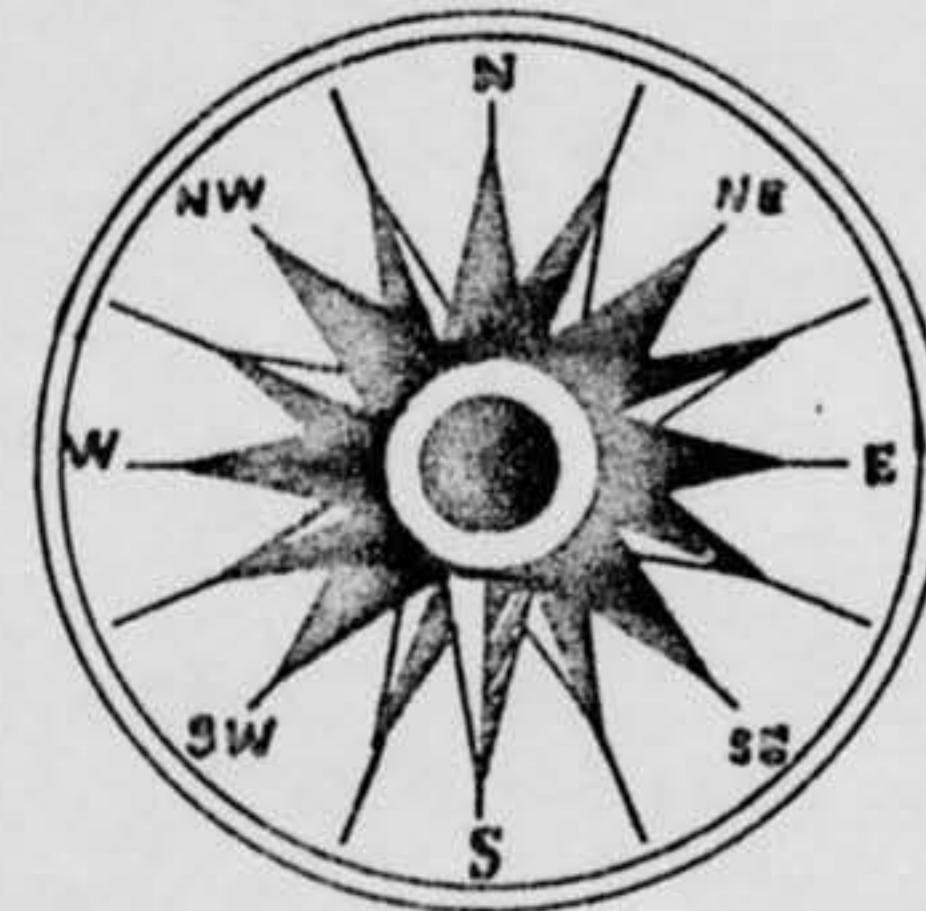
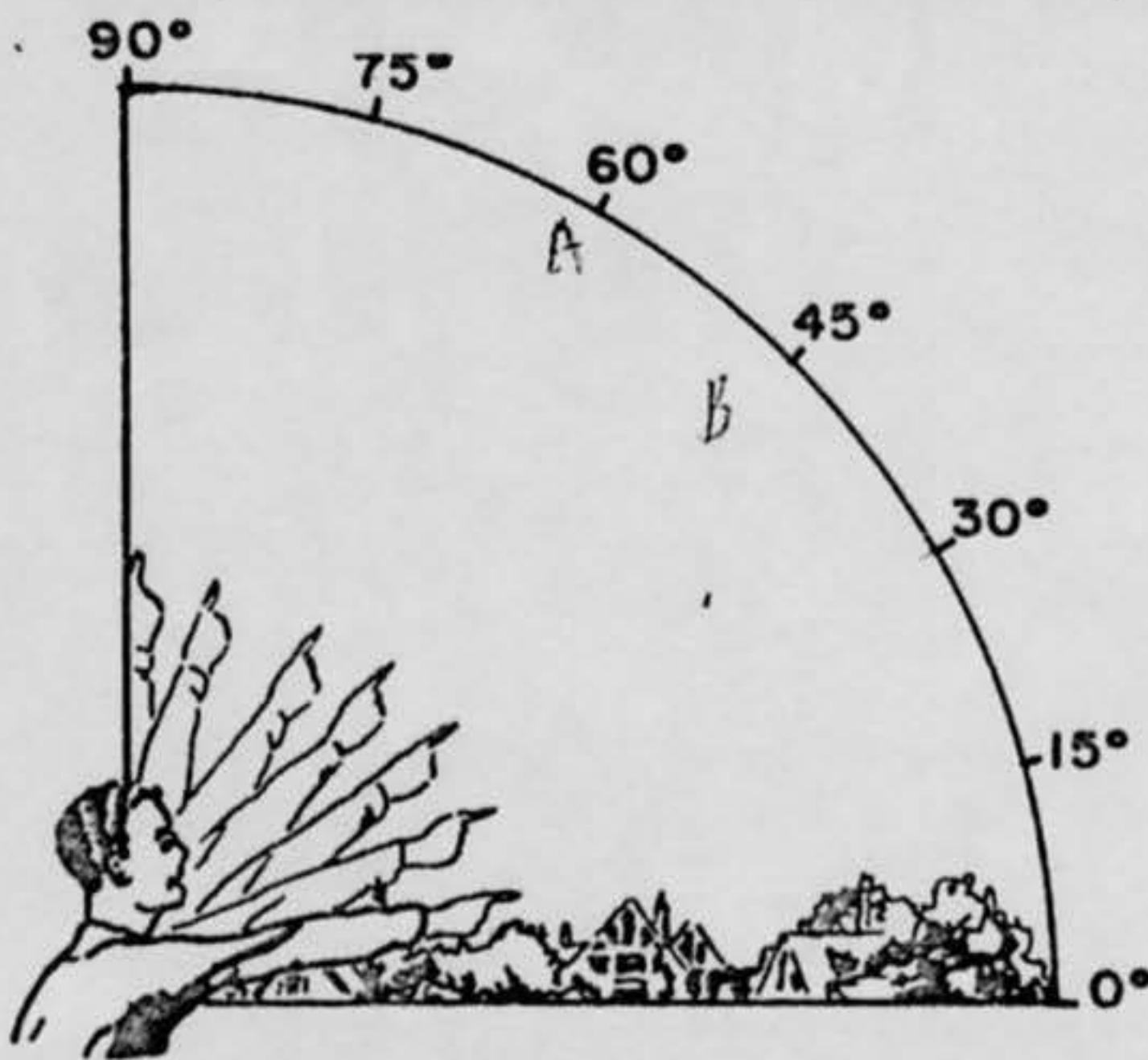
Day

Month

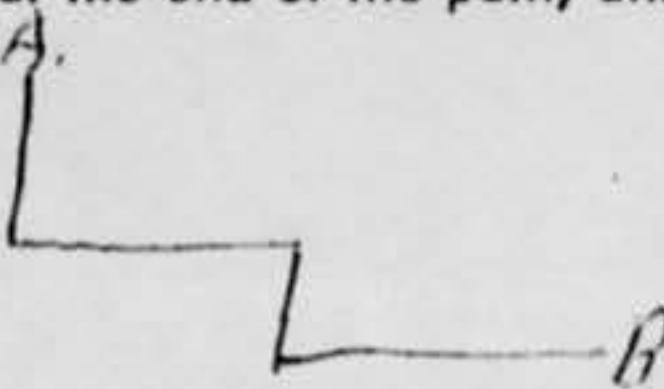
Year

Wright Patterson AFB

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



29. IF there was MORE THAN ONE object, then how many were there? \_\_\_\_\_

Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

34. Date you completed this questionnaire:

13      11      66  
Day      Month      Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.

The object placed itself in front of the eye at all times until we reached the farm where my father in law lives, then it hovered over the field just a few feet from the house.